## STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD Division of Water Rights

P.O. BOX 2000 SACRAMENTO, CA 95810 901 P ST. SACRAMENTO, CA (916) 322-4603

#### SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

DIVER	TER OF	REC	OND:			•			•		STA	TEMEN'	T NO:	001155
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DATED:		Ju	ne 3	0	, 19	<u>88</u> .	at				Vi	salia		, California
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							<b>Va</b> t	termast	er, Ka	aweah 8	St. J	ohns R	iver As	sociation
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# STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD Division of Water Rights

P.O. BOX 2000 SACRAMENTO, CA 95810 901 P ST. SACRAMENTO, CA (916) 322-4503

#### SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

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	IF N SOUR TARY COUN VERSI WITH TIONS art of MBY J unt of mont on, che Jan. 143 363 0 Ose of Irriga ockwate Dome er (spe-	ROBERT 510 LC VISALI  IF NAME/A SOURCE:  TARY TO:  COUNTY:  VERSION WITHIN:  TIONS: Please art of your month. If your month. If your month. If you, check the  Jan. Feb.  143 96  363 319  0 36  Desc of Use -  Irrigation  Dokwatering  Domestic  er (specify)  ges in Methodous statement	STO LOMBARD VISALIA, CA  IF NAME/ADDRES  SOURCE: ST. JO  TARY TO: CROSS  COUNTY: TULARE  EVERSION WITHIN: SW 1/4  STIONS: Please compart of your regular month. If monthly month. If monthly month. If monthly month. If month month month month. If month  If month mon	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRES S/PHORE SOURCE: ST. JOHNS RIV TARY TO: CROSS CREEK COUNTY: TULARE EVERSION WITHIN: SW 1/4 OF NE STIONS: Please complete lite art of your regular water M BY JULY 1. 1988. Unt of Use - Fill in the a month. If monthly and on, check the months in w  Jan. Feb. Mar. Apr.  143 96 0 0  363 319 402 442  0 36 0 0  Dise of Use - Specify numbers of the property of the property of the polymers of the property of the property of the polymers of the property of the pro	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRES S/PHONE NO. SOURCE: ST. JOHNS RIVER (At TARY TO: CROSS CREEK COUNTY: TULARE VERSION WITHIN: SW 1/4 OF NE 1/4 SE TIONS: Please complete items A. art of your regular water supply M BY JULY 1. 1988. (A unt of Use - Fill in the amount month. If monthly and annual rn, check the months in which was  Jan. Feb. Mar. Apr. May  143 96 0 0 222  363 319 402 442 732 0 36 0 0 0  Dise of Use - Specify number of Irrigation 4000  Ockwatering  Domestic  Dorestic  Der (specify)  Ges in Method of Diversion - Des Dus statement was filed. (New particular statement was filed.)	ROBERT E. HARREIL 510 LOMBARD CT. 93291  IF NAME/ADDRES S/PHUNE NO. IS A SOURCE: ST. JOHNS RIVER (At Upper FIARY TO: CROSS CREEK COUNTY: TULARE EVERSION WITHIN: SW 1/4 OF NE 1/4 SECTION TIONS: Please complete Items A. B and art of your regular water supply with MBY JULY 1. 1988. (Addition and annual use of month. If monthly and annual use of month. If monthly and annual use of months in which water	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRESS/PHONE NO. IS WRONG SOURCE: ST. JOHNS RIVER (At Upper Harre ITARY TO: CROSS CREEK COUNTY: TULARE IVERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, TI STIONS: Please complete Items A. B and C. Ite water supply with reclain MBY JULY 1. 1988. (Additional inf month. If monthly and annual use are n in, check the months in which water was use  Jan. Feb. Mar. Apr. May June July  143 96 0 0 222 907 945  363 319 402 442 732 684 810 0 36 0 0 0 236 0  Dise of Use - Specify number of acres irrigat Irrigation 4000  Dockwatering Domestic  Domestic  Down statement was filed. (New pump, enlargement)  Ges in Method of Diversion - Describe any cous statement was filed. (New pump, enlargement)	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRESS/PHUNE NO. IS WRONG ON MISSOURCE: ST. JOHNS RIVER (At Upper Harrell)  JARY TO: CROSS CREEK COUNTY: TULARE  VERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, T18S, RESTIONS: Please complete Items A. B and C. Item D. Start of your regular water supply with reclaimed on MBY JULY 1.  1988. (Additional information of MBY JULY 1.	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRESS/PHONE NO. IS WRONG ON MISSING SOURCE: ST. JOHNS RIVER (At Upper Harrell)  JARY TO: CROSS CREEK COUNTY: TULARE  VERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, T18S, R24E, MI ATTONS: Please complete Items A. B and C. Item D should art of your regular water supply with reclaimed or polic and to f your regular water supply with reclaimed or polic month. If monthly and annual use are not be months in which water was used.  Jan. Feb. Mar. Apr. May June July Aug. Sept.  143 96 0 0 222 907 945 0 0  363 319 402 442 732 684 810 0 0  0 36 0 0 0 236 0 0 0  Dise of Use - Specify number of acres irrigated, stock was a statement was filed. (New pump, enlarged diversion in etc.)	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  IF NAME/ADDRESS/PHONE NO. IS WRONG ON MISSING/PLE SOURCE: ST. JOHNS RIVER (At Upper Harrell)  JTANY TO: CROSS CREEK COUNTY: TULARE  VERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, T18S, R24E, MDBSM  TIONS: Please complete Items A. B and C. Item D should be coart of your regular water supply with reclaimed or polluted water of your regular manner of the property	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  TEL  (209  IF NAME/ADDRESS/PHONE NO. IS WRONG OK MISSING/PLEASE (SOURCE: ST. JOHNS RIVER (At Upper Harrell)  ITARY TO: CROSS CREEK  COUNTY: TULARE  IVERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, T18S, R24E, MDBSM  CTIONS: Please complete Items A. B and C. Item D should be complete art of your regular water supply with reclaimed or polluted water.  MBY JULY 1, 1988. (Additional information on reverse sick unt of Use - Fill in the amount of water used month. If monthly and annual use are not in, check the months in which water was used.  Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov.  143 96 0 0 222 907 945 0 0 0 0  363 319 402 442 732 684 810 0 0 0 0  363 319 402 442 732 684 810 0 0 0 0  OSE of Use - Specify number of acres irrigated, stock watered, personated in the personated and the personated a	ROBERT E. HARRELL 510 LOMBARD CT. VISALIA, CA 93291  TELEPHONI  (209) 732-1  IF NAME/ADDRESS/PHUNE NO. IS WRONG OK MISSING, PLEASE CORRECT  SOURCE: ST. JOHNS RIVER (At Upper Harrell)  ITARY TO: CROSS CREEK  COUNTY: TULARE  VERSION WITHIN: SW 1/4 OF NE 1/4 SECTION 11, T18S, R24E, MDBSM  CTIONS: Please complete Items A. B and C. Item D should be completed if your regular water supply with reclaimed or polluted water. RETUR  MBY JULY 1, 1988. (Additional information on reverse side of to the month. If monthly and annual use are not month. If monthly and annual use are not months in which water was used.  Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.  143 96 0 0 222 907 945 0 0 0 0 374  0 36 0 0 0 222 907 945 0 0 0 0 374  0 36 0 0 0 236 0 0 0 0 0 374  0 36 0 0 0 0 236 0 0 0 0 0 0 0 0  Dock of Use - Specify number of acres irrigated, stock watered, persons set Irrigation 4000  Dockwatering  Domestic  Domestic  Domestic  Dorse in Method of Diversion - Describe any changes in your project sit our statement was filled. (New pump, enlarged diversion dam, location ion, etc.)

Signature: Charles May Harry Rcz Watermaster, Kawean & St. Johns River Association

### STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD Division of Water Rights

P.O. BOX 2000 SACRAMENTO, CA 95810 901 P ST. SACRAMENTO, CA (916) 322-4503

### SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

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		RT E.		ഥ			•						
•		LOMBAR LIA, C		291									
	·										TEL( (209)	FPHONE 732-1828	NUMBER
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	COUNT	Y: T	ULARE										
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